



Swimming Pool, Spa & Hot Tub and Required Barrier\Fence Permit Application

Email application to: BuildingInspection@wdm.iowa.gov

or bi@wdm.iowa.gov

(Effective 7-1-18 through 6-30-19)

ADDRESS: _____

Project(s): ☐ In-Ground Pool ☐ On-Ground Pool or Spa ☐ Barrier (Fence) for Pool or Spa

Fence Type: ☐ Wood ☐ Chain link ☐ Metal ☐ PVC\plastic ☐ Other _____

Fence Height: ☐ 4' ☐ 6' ☐ Other: _____

Property Type: ☐ Single Family ☐ Multi-Family ☐ Townhome ☐ Commercial

Required Items

- ☐ 1) This **Permit Checklist** form completed and signed.
- ☐ 2) A completed **Building Permit** form
- ☐ 3) A **Site Plan** showing all buildings, lot lines, new & existing fence locations, new pool location (an aerial view of the property may be utilized for the siteplan if details showing the fence and setback are added).
- ☐ 4) Signed form: "**BARRIER\FENCE CRITERIA FOR A SWIMMING POOLS, SPAS & HOT TUBS**"
- ☐ 5) **PERMIT FEE: \$54**

Please refer to the **FENCE PERMIT APPLICATION** if you are unfamiliar with allowed fence materials, height restrictions, setback, and vision triangle provisions.

Typical Inspections for In-Ground Swimming Pools:

1. **Electrical Bonding/Grounding** - before backfill (per National Electric Code)
2. **Barrier (Fence)** - after all required fences and gates are installed and property owner has completed sign-off form for barrier.
3. **Final**- After complete installation of pool, pumps, lights, barrier (fence), etc.

State Law requires that you notify **Iowa One Call** before digging:

1-800-292-8989 or 811 or go to www.iowaonecall.com

- Refer to attached **Fence Design Handout** for questions about location on property and within easements.
- Confirming property lines, buried utilities, easements, restrictive covenants, or home owner association requirements are strictly the responsibility of the owner and/or contractor.
- It is advised that the affected neighbor(s) be consulted if the fence will be placed right on the property line or if two or more fences will be joined structurally.

*I agree to the above listed provisions and this project will be constructed to meet all other applicable codes and ordinances.

Applicant Name and Description (contractor or owner)

Date



Building Permit Application

4200 Mills Civic Parkway, #2D
West Des Moines, Iowa 50265

Phone: 515-222-3630
Fax: 515-273-0602

Email Applications to: BuildingInspection@wdm.iowa.gov

Effective 7/1/18

Incomplete applications or plan submittal packets will delay plan review and permit approval.

Project Address: _____ **Suite/Unit #** _____ **WDM, IA 5026** _____

Plat Name (The City can help find this information): _____ **Lot #:** _____ **Zoning:** _____

Description of Project: _____

Is this project for an existing Single Family or Town Home property? Yes: ___ No: ___ If yes, is it owner occupied? Yes: ___ No: ___

Project Schedule and/or Approximate Completion Date: _____

Total Valuation of the Work for this Project (Do not include land costs): \$ _____

Commercial & Multifamily project square footage: _____ Shell Building Sq. ft. (if applicable): _____

Single Family and Town Home project square footage for 1st and 2nd floor: _____ Garage: _____

Basement Finished area: _____ Unfinished Basement area: _____ Deck: _____

Enclosed Deck or Porch (with windows and walls): _____ Roof Covered Deck or Porch: _____

Demolition Projects: Building Structure Only? Yes: ___ No: ___ Grading land? Yes: ___ No: ___ Clearing trees? Yes: ___ No: ___

Property Owner: _____

Street Address _____ City/State/Zip _____

Email: _____ Phone # (_____) _____

Contractor (if different than the property owner): _____

Street Address _____ City/State/Zip _____

Email: _____ Phone # (_____) _____

Architect/Engineer (if applicable): _____

Street Address _____ City/State/Zip _____

Email: _____ Phone # (_____) _____

Applicant *Print Name* _____ Phone # (_____) _____

Applicant's Email _____

Applicants, owners, and contractors submitting this application agree to comply with City Ordinances regulating building construction, accessibility and energy, including applicable State and Federal Laws.

* Separate Electrical, Mechanical, & Plumbing permits are required (The Contractor shall be licensed by the State of Iowa).

* Permits will expire if the work is not started within 6 months, or if the applicant does not schedule an inspection for 6 months.

* Permits may also expire if the project schedule or completion date is not met (Extensions may be granted by the Building Official).

* It is the applicant, owner, & contractor's responsibility to comply with restrictive covenants, easements, and to locate property lines.

Office Use Only: *Received by:* _____ *Date:* _____ *Reviewed by:* _____ *Date:* _____

City calculated valuation: \$ _____ *Permit Fee:* \$ _____

Fee Receipt No: _____ *Date:* _____ *Permit #:* _____



BARRIER (FENCE) CRITERIA FOR SWIMMING POOLS, SPAS AND HOT TUBS

1. **IN-GROUND** SWIMMING POOLS AND SPAS CONTAINING WATER MORE THAN 24 INCHES IN DEPTH SHALL BE COMPLETELY SURROUNDED BY A BARRIER (FENCE) 6 FEET IN HEIGHT.
Exception: Swimming pools with a powered safety cover may utilize a barrier (fence) 4 feet in height.
2. NEW FENCES SHOULD NOT CREATE A LADDER EFFECT THAT WOULD ENABLE ACCESS TO THE POOL (Provide a detail and description). EXISTING FENCES WILL BE REVIEWED ON A CASE BY CASE BASIS (Please provide photos to enable review).
3. PEDESTRIAN ACCESS GATES SHALL BE EQUIPPED TO ACCOMMODATE A LOCKING DEVICE, THEY SHALL OPEN OUTWARDS AWAY FROM THE POOL, AND SHALL BE SELF-CLOSING AND HAVE A SELF-LATCHING DEVICE. UTILITY OR SERVICE GATES SHALL REMAIN LOCKED.
4. THE RELEASE MECHANISM OF THE SELF-LATCHING DEVICE SHALL BE LOCATED AT LEAST 54 INCHES ABOVE GRADE OR LOCATED ON THE POOL SIDE OF THE FENCE.
5. WHERE A WALL OF THE DWELLING UNIT SERVES AS PART OF THE BARRIER, DOORS WITH DIRECT ACCESS TO THE POOL SHALL BE EQUIPPED WITH AN ALARM WHICH PRODUCES AN AUDIBLE WARNING WHEN THE DOOR IS OPENED. IN LIEU OF THE ALARM, ALL DWELLING UNIT DOORS WHICH PROVIDE ACCESS TO THE POOL AREA SHALL BE EQUIPPED WITH SELF-CLOSING AND SELF-LATCHING FEATURES.
6. **ON-GROUND** RESIDENTIAL SWIMMING POOLS AND SPAS CONTAINING WATER MORE THAN 24 INCHES IN DEPTH SHALL BE SURROUNDED BY A BARRIER (FENCE) AT LEAST 4 FEET IN HEIGHT LOCATED AT LEAST FOUR FEET FROM THE WATER'S EDGE.
Exception: Spas and Hot Tubs with a lockable safety cover.
7. NEW FENCES SHOULD NOT CREATE A LADDER EFFECT THAT WOULD ENABLE ACCESS TO THE POOL (Provide a detail and description). EXISTING FENCES WILL BE REVIEWED ON A CASE BY CASE BASIS (Please provide photos to enable review).

AS THE OWNER OF THE PROPERTY, I HAVE READ AND UNDERSTAND THE ABOVE CRITERIA, AND I AGREE TO MAINTAIN ALL SAFETY FEATURES OF THE BARRIER (FENCE) TO THE POOL OR SPA (HOT TUB) IN A SAFE, AND WORKING CONDITION.

PROPERTY OWNER: SIGNATURE _____

PRINT NAME: _____

ADDRESS: _____

DATE: _____

The City of
West Des Moines

Website
www.wdm.iowa.gov

Development Services

4200 Mills Civic Parkway
Suite 1D
P.O. Box 65320
West Des Moines, IA 50265

Building Division
515-222-3630

Planning Division
515-222-3620

FAX 515-273-0602

TDD/TTY 515-222-3334

E-mail Permit Applications to:
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Site Plan - Required

You must show these items:

- ❖ the proposed alteration *i.e.*: addition, deck, porch, pool, fence.
- ❖ Address including streets and street names.
- ❖ Property Lines and dimensions of the property.
- ❖ Setbacks: the distance to the property lines (front, rear, sideyards) of the proposed alteration or existing buildings.
- ❖ North directional arrow.

Address: _____

